Exempt from OMB approval requirements under5 CFR 1320.3(c). HUD use only; form does not collect information from the public.

FHASL CCFC DISBURSEMENT TRANSMITTAL

Automated Control Totals Coversheet						
ACCOUNTING AREA: ACTIVITY TYPE:						
GROUP IDENTIFIER		C	ONTROL TOTA	LS		
SS TSN (Group ID):			Schedule Total:			
Original TSN (if resubmission):	N (if resubmission):			Item Count:		
Reel Number: PeopleSoft Schedule Number: CMB Use Only						
APPROPRIATION DISTRIBUTIONS						
Amount 1	Fund	Program	Treasury App	ropriation	Default Y/N	
2						
3 4						
			<u> </u>		<u> </u>	
Description: Contact Person/Phone Number:						
APPROVALS						
Preparer:			_ Date	e:		
Approver:			_ Date	Date:		
Data Entry Operator:			_ Date	Date:		
Certifying Officer:			_ Date	Date:		
Funds Control Approval:	Date:					

Cash Management Branch cut off on disbursements, with the exception of "Same Day Payments" is two (2) work days prior to the end of the month.